

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **94000002251**

1. Entity Name

AWNING WORLD INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1799 EAST 11 AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

HIALEAH

Suite, Apt. #, etc.

City & State

HIALEAH Florida

4. FEI Number

650519176

Applied For

Not Applicable

33010

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **John LLEONART**

Street Address (P.O. Box Number is Not Acceptable)

3024 S.W. 1 AVE.

MIAMI FL 33129

City

MIAMI

FL

Zip Code

33129

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

John LLEONART

John LLEONART

1-02-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PRESIDENT
John LLEONART
3024 S.W. 1 AVE.
MIAMI FL 33129**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

000004911350--9

-02/12/02-01043-003

*****158.75 ***158.75**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VICE PRESIDENT
John LLEONART**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

000004911350--9

-02/12/02-01043-004

*****150.00 ***150.00**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SECRETARY
John LLEONART**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DO NOT WRITE

IN THIS SPACE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**TREASURER
John LLEONART**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

John LLEONART

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-02-02 856-9660

CR2E034B (12/01)

FILED

02 JAN 31 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001-2002 UBR